



County of San Bernardino

**F A S**

**STANDARD CONTRACT**

**FOR COUNTY USE ONLY**

**DO NOT ENCUMBER**

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code <b>HIGHDES179</b>	Dept. <b>SC</b>	Dept. <b>A</b>	Contract Number <b>02-1218 A-1</b>		
County Department <b>Probation Department</b>		Dept. Orgn. <b>PRB</b>		Contractor's License No.		
County Department Contract Representative <b>Holly Benton</b>		Telephone <b>(909) 387-5918</b>		Total Contract Amount <b>Not to Exceed \$10,000</b>		
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason: <u>Fee for Service Contract</u>						
Commodity Code		Contract Start Date <b>11/19/02</b>		Contract End Date <b>06/30/04</b>		Original Amount <b>Not to Exceed \$10,000</b>
Fund <b>AAA</b>	Dept. <b>PRG</b>	Organization <b>1913</b>	Appr. <b>200</b>	Obj/Rev Source <b>2445</b>	GRC/PROJ/JOB No. <b>40000DRC</b>	Amount <b>Not to Exceed \$10,000</b>
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Project Name <u>Tutoring Services</u>			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	
<b>Contract type - 1</b>						

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino Probation Department, hereinafter called the County, and

Name

High Desert Child, Adolescent and Family Services Center

hereinafter called

Contractor

Address

16248 Victor Street

Victorville, CA 92392

Phone

(760) 243-7151

Birth Date

Federal ID No. or Social Security No.

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend contract # 02-1218, as follows:

**Section V. Fiscal Provisions**

Amend the last sentence of Section V, Paragraph D, page 10 of 13, to read as follows:

Invoices are to be mailed to:  
San Bernardino County Probation Department  
175 West Fifth Street  
San Bernardino, CA 92415  
*ATTN: Holly Benton, AB 1913 Coordinator*

**Section VIII. Term**

Amend Section VIII, page 11 of 13 to read as follows:

This Contract is effective as of November 19, 2002 and is extended from its original expiration date of June 30, 2003, to expire on June 30, 2004 but may be terminated earlier in accordance with provisions of Section IX of the Contract. This Contract may be extended for one additional 12 month period if funding is available and subject to approval of an amendment to this Contract by both the County and the Contractor.

**Section X. General Provisions**

Amend Section X, Paragraph A, page 12 of 13 to read as follows:

- A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: High Desert Child, Adolescent and Family Services Center  
16248 Victor Street  
Victorville, CA 92392

County: County of San Bernardino Probation Department  
175 West Fifth Street  
San Bernardino, CA 92415  
*ATTN: Holly Benton, AB 1913 Coordinator*

County (***Insurance Information Only***):  
County of San Bernardino  
c/o Insurance Data Services  
P. O. Box 12010-CB  
Hemet, CA 92546-8010

02-1218 A-1

All other terms and conditions remain in full force and effect.

COUNTY OF SAN BERNARDINO

► \_\_\_\_\_  
Dennis Hansberger, Chairman, Board of Supervisors

Dated \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD  
Clerk of the Board of Supervisors  
of the County of San Bernardino.

By \_\_\_\_\_  
Deputy

High Desert Child, Adolescent and Family Services Center  
(Print or type name of corporation, company, contractor, etc.)

By ► \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name Mark Erickson  
(Print or type name of person signing contract)

Title Executive Director  
(Print or Type)

Dated \_\_\_\_\_

Address 16248 Victor Street  
Victorville, CA 92392

Approved as to Legal Form

► \_\_\_\_\_  
Dawn Stafford, Deputy County Counsel

Date \_\_\_\_\_

Reviewed by Contract Compliance

► \_\_\_\_\_  
Lori Ciabattini, HSS Contracts Unit

Date \_\_\_\_\_

Presented to BOS for Signature

► \_\_\_\_\_  
Raymond B. Wingerd, Chief Probation Officer

Date \_\_\_\_\_

**Auditor/Controller-Recorder Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By